

## ELK GROVE WATER DISTRICT BACKFLOW PREVENTION ASSEMBLY TEST REPORT

NAME OF FACILITY: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

OWNER /CONTACT NAME: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LOCATION OF ASSEMBLY: \_\_\_\_\_

EXISTING     NEW INSTALL     REPLACEMENT     NEW SER. # \_\_\_\_\_ Tag # \_\_\_\_\_

MFG:                      MODEL:                      TYPE:                      SERIAL NO.:                      SIZE:

INITIAL TEST	<u>DC / RP</u> <u>CHECK VALVE NO.1</u>	<u>DC / RP</u> <u>CHECK VALVE NO.2</u>	<u>RELIEF VALVE</u>	<u>PVB/SVB</u> <u>AIR INLET</u>
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID  DID NOT OPEN <input type="checkbox"/>	OPENED AT _____ PSID  DID NOT OPEN <input type="checkbox"/>
NEW PARTS AND REPAIRS	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/>  CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS  PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID  DID NOT OPEN <input type="checkbox"/>	AIR INLET _____ PSID  CHK VALVE _____ PSID

Detector Meter Number: \_\_\_\_\_ Detector Meter Reading: \_\_\_\_\_

REMARKS: \_\_\_\_\_

TESTER SIGNATURE: \_\_\_\_\_ CERT. NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

TESTER NAME PRINTED: \_\_\_\_\_ TESTER PHONE #: (    ) \_\_\_\_\_

TESTER COMPANY: \_\_\_\_\_ TESTER E-MAIL: \_\_\_\_\_

FINAL TEST BY: \_\_\_\_\_ CERT. NO. : \_\_\_\_\_ DATE: \_\_\_\_\_

GAUGE CALIBRATION DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ GAUGE SER. #: \_\_\_\_\_ MODEL #: \_\_\_\_\_

*Please fill out form completely. Incomplete forms will not be accepted.*  
 Please E-mail completed test form to [crossconnection@egwd.org](mailto:crossconnection@egwd.org)

*I certify that this report is accurate, and I have used USC Manual of CCC Tenth Edition approved test methods and test equipment.*